

GEORGIA STATE CONSTRUCTION INDUSTRY LICENSING BOARD  
**DIVISION OF CONDITIONED AIR CONTRACTORS**

P.O. Box 13446

Macon, Georgia 31208

(478) 207-2440 [Telephone]

(866) 888-9718 [Fax] [www.sos.ga.gov/plb/construct](http://www.sos.ga.gov/plb/construct)

**CONDITIONED AIR CONTRACTORS**

STATEWIDE LICENSES by REINSTATEMENT BY RE-EXAMINATION

**•••GENERAL INFORMATION and CHECKLIST•••**

**A COMPLETE REINSTATEMENT APPLICATION PACKET (Mailed to you or printed from the Web site) includes:**

Application for License Reinstatement by Re-examination Form (4 pages) plus

- 3 Personal Reference Forms

List of Approved Course Providers for Heat Loss/Gain & Duct Design

Examination Scheduling Form (AMP-GA05)

List of Reference Books You May Bring to the Examination & bookstores that carry them

Examination Review Course providers

Excerpts from Georgia Construction Industry Licensing Boards Laws and Rules

**Your initial completed and correct application must be in the board office no later than the deadline posted on the web page. Please check this information carefully as there are no exceptions!**

OTHER MATERIALS MAILED TO APPLICANTS:

**Approximately 45 Days Prior to the Examination**

Letter from the Board notifying the applicant of approval or disapproval to take the examination.

If approved, applicant will receive the Candidate Information Bulletin, which includes an outline of topics covered in the examination. It is your responsibility to send the scheduling form to the testing service.

**Approximately 2 Weeks Prior to the Examination**

Admission Notices from AMP to scheduled applicants, giving the date and location of the examination, as requested on the AMP-GA05 form. [If you receive an approval letter from the Board, but do not receive an admission notice, contact AMP at (800) 345-6559.]

**Approximately 2-3 Weeks After the Examination results are received.**

Applicants who failed the exam will receive a new Examination Scheduling Form to apply for another examination date.

Applicants who passed the examination will receive their score report and continuing education information. Your license identification card will be sent under separate cover.

***Detach and keep these instructions for your records***

Make a copy of all items submitted to the board office.

**Read the instructions carefully** and be familiar with the laws and rules governing the practice of conditioned air contracting in the State of Georgia. Visit the following web site for information: [www.sos.ga.gov/plb/construct](http://www.sos.ga.gov/plb/construct). (See O.C.G.A. §43-14-2 for definitions).

- Conditioned Air Contractor licenses are required of person who contract to install, repair, or service conditioned air systems or equipment. Conditioned air equipment means heating and air conditioning equipment covered under state codes.
- Statewide Class I Conditioned Air Contractor licenses are restricted to systems or equipment not exceeding 175,000 BTU of heating or five tons of cooling.
- Statewide Class II Conditioned Air Contractor licenses are unrestricted.
- *Licensees that have allowed their license to lapse more than 3 years, must meet any new experience requirements in order to sit for the examination.*

**Other:**

**All applications are reviewed by the Conditioned Air Board at a regularly scheduled meeting. Do not ask the staff to make an exception for a late application.**

To check the status of your application, visit [www.sos.ga.gov/plb/construct](http://www.sos.ga.gov/plb/construct) by clicking on the link "check application status" on the left hand side.

## **Application Checklist**

The following checklist is an important part of your application. Please use this checklist to ensure that you submit a **COMPLETE** application. **This checklist is for your use and does not need to be sent with your application!**

The **\$150.00 non-refundable** application fee payable to **Georgia Construction Industry Licensing Board** must be included with this application.

The Board cannot process incomplete applications. If any item is missing, incomplete or incorrect, your application cannot be reviewed by the Board. Please review this application before you submit it to ensure that all information and documentation is complete and correct. Incomplete applications result in delayed processing. Incomplete applications are void after one year.

- ☐ **NOTARIZED APPLICATION:** The four-page correctly completed application must be mailed to the address listed on the front of the application and received no later than the date posted on the web page. You must include your **FEE**. **Please note: if any portion of your application is returned to you for completion, it must be received in this office by the posted deadline in order for it to be considered a complete application for the board to review at their next regularly scheduled meeting.**
- ☐ **EXPERIENCE INFORMATION:** Employer information includes the qualifying licensee name and holder's license type CN or CR or HVAC-restricted or non-restricted, dates of employment and a brief description of your duties. Please review the experience requirements under board rule 121-2-03.
  - ☐ Applicants for reinstatement by re-examination of licensure must meet the requirements of a new candidate (Board Rule 121-4-.02(6))
  - ☐ All examination applicants must include a copy of a certificate of a Board approved heat loss & gain & duct design course from a board approved provider OR show they have completed ACT107 on a school transcript from a Georgia vocational/technical school. Class II (non-restricted) applicants must provide proof of having completed a board approved course for Manuals N&Q or Carrier Design 1,2,3. See separate list of course providers.

- ☐ All applicants must submit a copy of their EPA card showing Type II or higher certification.
- ☐ Education – Please review Rule 121-2-.03(4). If you have completed a diploma or certificate program through a Georgia vocational or technical school, submit a transcript. Georgia vocational school course ACT107 meets the board's requirement for completion of manuals J&D.
- ☐ Diplomas or certificates from out of state schools will need to submit additional documentation that course requirements meet the board rule for heat loss/gain and duct design.
- ☐ **PERSONAL HISTORY:** All questions must be answered.  
Education: Submit only transcripts showing you have completed a vocational/technical school program in Engineering Technology or related conditioned air field. No other education is accepted nor should it be submitted.
- ☐ **Beginning October 15, 2007 all applicants must submit a nationwide criminal background check with an application. This can be obtained from your local law enforcement office or through a private background check agency.** If you answer "yes" on the conviction question, you must also submit the requested certified documentation.
- ☐ **REFERENCE LETTERS:** Three (3) notarized original reference forms from professionally licensed people that have knowledge of your work are required for each reference listed on Part III of your application. **No copies will be accepted.**

**Restricted applicants:** must have at least one reference from a licensed conditioned air contractor (either restricted or non-restricted).

**Non-restricted applicants:** must have at least one non-restricted reference. Any additional contractor references must be non-restricted also.

***After the board meeting, you will receive either an approval or denial letter. If you have been approved, you will also receive the candidate information bulletin. It is your responsibility to send a separate scheduling form to our testing service with the date you desire. Please read their instructions carefully.***

***If you receive a denial letter, any supplemental information you submit will be reviewed at the next regularly scheduled board meeting. (No exceptions.) You do not have to submit a new application and fee; only the information the board is requesting.***

***Make a copy of everything you are submitting for your application!***

## STATE CONSTRUCTION INDUSTRY LICENSING BOARD CONDITIONED AIR COURSE INFORMATION

Board Rules require all applicants for conditioned air to complete an approved course in heat loss and gain and duct design covering Manuals J & D when submitting an application. In addition, applicants for the non-restricted license must complete a course that covers Manuals Q & N or the Carrier Design Manual. The air conditioning technology course ACT107 offered by all the Georgia Vocational and Technical Schools and Colleges meets the requirements of Board Rule 121-2-.03. You must submit a copy of your transcript which shows that you have completed the course.

The following agencies have submitted information to the board describing courses that meet the board requirements. Before enrolling in a private course, be sure that it meets the requirements of Board Rule 121-2-.03.

### To obtain information on the courses

Contact your local state technical institute. For locations contact: Ga. Department of Technical & Adult Education (404) 679-1600 or [www.dtae.org](http://www.dtae.org) or;

### Contact the following agencies

Hugh Cole – Cole Training  
1908 Lamp Post Lane  
Lawrenceville, GA 30043  
(770) 513-1487  
**Class 1&2**

Denny Varnadoe  
D & M HVAC Consultants, Inc.  
Formerly, Buck Bailie  
116 Brighton Circle  
Brunswick, GA 31525  
(912) 267-0086  
**Class 1 & 2**

Gary Konrath  
2625 Piedmont Rd., #56-224  
Atlanta GA 30324  
770-235-3420  
501-635-3420  
[www.GeorgiaLicenseExam.com](http://www.GeorgiaLicenseExam.com)  
email: Gary  
Konrath@GeorgiaLicenseExam.com  
**Class 1&2**

Ralph Duncan  
Code Connection  
145 Bay Drive  
Newnan, GA 30263  
(770) 502-0344  
**Class 1**

William L. Decker  
C/o Dealers Supply Co.  
82 Kennedy Dr.  
P.O. Box 1708  
Forest Park Ga 30298  
(404) 361-6800  
**Class 1**

**The Construction Code Academy**  
Attn: David Bledsoe  
4401 Yorkshire Ct.  
Loganville GA 30052  
770-554-0575  
web:  
HomeInspectionsByHHI.com  
e-mail:  
[williambledsoe@msn.com](mailto:williambledsoe@msn.com)  
**Class 1**

The GA Trane Companies  
Dustin Vance  
2677 Buford Hwy., N.E.  
Atlanta, GA 30324  
404-836-2781  
Fax: 404-636-5204  
[www.trane.com/commerical/training](http://www.trane.com/commerical/training)  
**Class 1 & 2**

Georgia Power Co.  
Attn: Darrell Howell  
1098 Milledgeville Rd  
Milledgeville GA 31061  
706-484-2727, Ext. 310  
**Manual J**

Brian Sutton  
150 Eldridge Lane  
Douglas GA 31533  
912-381-3463  
e-mail: [bsutton255@yahoo.com](mailto:bsutton255@yahoo.com)  
**Class 1**

**FOR BOARD USE ONLY**

Amount Submitted \_\_\_\_\_

Date \_\_\_\_\_

Receipt number \_\_\_\_\_



**FOR BOARD USE ONLY**

License no. \_\_\_\_\_

Date Issued \_\_\_\_\_

Applicant No. \_\_\_\_\_

**GEORGIA CONSTRUCTION INDUSTRY LICENSING BOARD**  
Post Office Box 13446 • Macon, Georgia 31208 • (478) 207-2440  
[www.sos.ga.gov/plb/construct](http://www.sos.ga.gov/plb/construct)

**APPLICATION FOR REINSTATEMENT BY RE-EXAMINATION  
CONDITIONED AIR CONTRACTOR**  
Only for licenses lapsed more than 3 years

**Application Fee \$150.00 (non-refundable)**

In the form of a money order, or company or personal check

**License Number being reinstated:** Restricted \_\_\_\_\_  
Non-restricted \_\_\_\_\_

**Method Obtained by:**  
( XXX ) Re-examination after 3 years

**Name** \_\_\_\_\_  
First Middle Last Suffix

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
**Social Security Number** (required for tracking purposes only) **Date of Birth**

**Physical Address** \_\_\_\_\_  
*P.O. Box not acceptable* Number and Street Apt. No City/State Zip

**Mailing Address** \_\_\_\_\_  
(if different) P.O. Box OR Number and Street Apt. No City/State Zip

\_\_\_\_\_  
Daytime Telephone Number Business or Cell phone Number

E-mail address: \_\_\_\_\_

\_\_\_\_\_ I am requesting Veterans' Preference Points. Attached is a copy of my DD-214

**For Board Use Only**

Approved by: \_\_\_\_\_ Date approved by Division \_\_\_\_\_

Disapproved by \_\_\_\_\_ Date disapproved by Division \_\_\_\_\_

Reason: \_\_\_\_\_

## PART II – EXPERIENCE RECORD

### INSTRUCTIONS: Please read instructions thoroughly before completing application

- Applicants for Class II must list at least 5 years of installation experience that was properly supervised and inspected. Class II (Non-restricted) Conditioned Air Applicants must describe experience with installation of systems exceeding 175,000 BTU of heating and 5 tons of cooling. Class I (restricted ) must list at least 4 years of experience.
- For each period of employment, list the information requested.
- Describe briefly, but concisely, the conditioned air work you performed, your duties, and degree of responsibility. **See Board Rule Chapter 121-2-.03 for a description of the experience requirements.**
- Give the approximate number of hours per week you performed the duties described.
- **Attach additional pages, if necessary, using this format and writing your name at the top.**

### SPECIFY WORK RELATING TO CONDITIONED AIR DUTIES – BEGIN WITH PRESENT EMPLOYMENT

Name of Employer:		Phone:(    )	
Employer's Complete Address:			
Name of Supervisor:		Job Title of Supervisor:	Type License Held:
Your Job Title:	Employed: FROM: [Mo/Yr]		TO: [Mo/Yr]
Approximate Number of Hours per Week Conditioned Air duties performed:			
Description of Conditioned Air Duties:			

  

Name of Employer:		Phone:(    )	
Employer's Complete Address:			
Name of Supervisor:		Job Title of Supervisor:	Type License Held:
Your Job Title:	Employed: FROM: [Mo/Yr]		TO: [Mo/Yr]
Approximate Number of Hours per Week Conditioned Air duties performed:			
Description of Conditioned Air Duties:			

## EXPERIENCE RECORD, CONTINUED

Name of Employer: \_\_\_\_\_ Phone:(     )

Employer's Complete Address: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_ Job Title of Supervisor: \_\_\_\_\_ Type License Held: \_\_\_\_\_

Your Job Title: \_\_\_\_\_ Employed: FROM: [Mo/Yr] \_\_\_\_\_ TO: [Mo/Yr] \_\_\_\_\_

Approximate Number of Hours per Week Conditioned Air duties performed: \_\_\_\_\_

Description of Conditioned Air Duties: \_\_\_\_\_


Name of Employer: \_\_\_\_\_ Phone:(     )

Employer's Complete Address: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_ Job Title of Supervisor: \_\_\_\_\_ Type License Held: \_\_\_\_\_

Your Job Title: \_\_\_\_\_ Employed: FROM: [Mo/Yr] \_\_\_\_\_ TO: [Mo/Yr] \_\_\_\_\_

Approximate Number of Hours per Week Conditioned Air duties performed: \_\_\_\_\_

Description of Conditioned Air Duties: \_\_\_\_\_


Name of Employer: \_\_\_\_\_ Phone:(     )

Employer's Complete Address: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_ Job Title of Supervisor: \_\_\_\_\_ Type License Held: \_\_\_\_\_

Your Job Title: \_\_\_\_\_ Employed: FROM: [Mo/Yr] \_\_\_\_\_ TO: [Mo/Yr] \_\_\_\_\_

Approximate Number of Hours per Week Conditioned Air duties performed: \_\_\_\_\_

Description of Conditioned Air Duties: \_\_\_\_\_


### PART III – REFERENCES

**INSTRUCTIONS:**

- List below the names, complete addresses, telephone numbers, and license numbers of three (3) professionally licensed

At least one reference must be a licensed conditioned air contractor; Class II applicants must have one or more non-restricted references. **Attach 3 completed, notarized reference letters from the people listed below.**

Address: \_\_\_\_\_

Street City State Zip Code

Address: \_\_\_\_\_

Street	City	State	Zip Code
--------	------	-------	----------

Address: \_\_\_\_\_

Street	City	State	Zip Code
--------	------	-------	----------

## PART IV – PERSONAL HISTORY

☐ I am a U.S. citizen. ☐ I am not a U.S. citizen but am a qualified alien under the federal Immigration and Naturalization Act, and I am lawfully present in the United States.

## PART V – CERTIFICATION

Notary Public  
My Commission Expires: \_\_\_\_\_  
NOTARY SEAL





**Secretary of State**  
Professional Licensing Boards  
Conditioned Air Contractors Division  
237 Coliseum Drive  
Macon, Georgia 31217-3858  
478-207-2440  
[www.sos.ga.gov/plb/construct](http://www.sos.ga.gov/plb/construct)

Dear Sir or Madam:

The applicant (individual) named on this form is applying for a Conditioned Air Contractor license in the state of Georgia and is required to furnish evidence of his or her ability, experience and professional skills in the field by submitting references from three professional licensees attesting to his or her qualifications. The references may only be from a Registered Architect, Professional Engineer, City or County Inspector or Licensed Conditioned Air Contractor. At least one reference must be from a licensed conditioned air contractor. These references must have worked directly with the individual on conditioned air projects where the applicant was responsible for the installation, design and the supervision of entire projects.

The Division wishes to point out that the statements must be from personal knowledge, made with the full realization of the responsibility toward the public, and not made for the mere purpose of aiding the applicant. In view of this responsibility, the Division requests your cooperation by answering truthfully, carefully and completely the questions printed on the back of this letter. It is unlawful to make false statements regarding an applicant's experience. Please be assured that the information you furnish will be treated as confidential and will not be released without specific authorization by the Division.

Fill out all information on the reverse side of this form and have it notarized. The Georgia Board prefers that you mail this original notarized form back to the applicant in the applicant's enclosed pre-addressed stamped envelope. Seal the envelope and sign the back flap to ensure against tampering. If you prefer to mail the form directly to the Board office at 237 Coliseum Drive, Macon, Ga. 31217, please make a blank copy of this form and mail it back to the applicant, then mail the completed form to the board.

Sincerely,

STATE CONSTRUCTION INDUSTRY  
LICENSING BOARD

*Division of Conditioned Air Contractors*

Georgia Construction Industry Licensing Board  
**Division of Conditioned Air Contractors**  
**Applicant Reference Form**

Information Concerning: \_\_\_\_\_  
(Applicant's/individual's Name)

What is your profession? HVAC/ Mech Contractor \_\_\_\_\_ Architect \_\_\_\_\_ Engineer \_\_\_\_\_ Inspector \_\_\_\_\_

(If you do not hold a license from one of these categories, do not continue!)

Your professional license # \_\_\_\_\_ Profession \_\_\_\_\_ Issuing Authority \_\_\_\_\_

Describe your connection with the applicant that gives you personal knowledge of his or her experience and knowledge of conditioned air contracting: \_\_\_\_\_  
\_\_\_\_\_

Based on personal knowledge described above, does the applicant possess sufficient knowledge to:

Calculate heat loss and gain for: Residential? Yes \_\_\_ No \_\_\_ Commercial? Yes \_\_\_ No \_\_\_ No direct knowledge \_\_\_

Design duct systems for: Residential? Yes \_\_\_ No \_\_\_ Commercial? Yes \_\_\_ No \_\_\_ No direct knowledge \_\_\_

Install complete CA systems for: Residential? Yes \_\_\_ No \_\_\_ Commercial? Yes \_\_\_ No \_\_\_ No direct knowledge \_\_\_

Supervise installation of complete CA systems for:

Residential? Yes \_\_\_ No \_\_\_ Commercial? Yes \_\_\_ No \_\_\_ No direct knowledge \_\_\_

Service CA systems for: Residential? Yes \_\_\_ No \_\_\_ Commercial? Yes \_\_\_ No \_\_\_ No direct knowledge \_\_\_

Make electrical connections to CA equipment?

Residential? Yes \_\_\_ No \_\_\_ Commercial? Yes \_\_\_ No \_\_\_ No direct knowledge \_\_\_

From personal knowledge, list three jobs for which the applicant was totally responsible from the plan development to system start up. Please list the job address, the type and size of conditioned air system for each:

1) \_\_\_\_\_  
\_\_\_\_\_

2) \_\_\_\_\_  
\_\_\_\_\_

3) \_\_\_\_\_  
\_\_\_\_\_

Do you know anything that would reflect adversely on the applicant's integrity or character? No \_\_\_ Yes \_\_\_

If yes, explain: \_\_\_\_\_  
\_\_\_\_\_

*I have read and understand the instruction letter accompanying this form. The above information is provided to assist the board in safeguarding the public against faulty conditioned air work. I swear the above statements to be true to the best of my knowledge under penalty of law.*

Your name: \_\_\_\_\_ Your firm: \_\_\_\_\_

(Please print)

Daytime phone # \_\_\_\_\_ Other telephone number: \_\_\_\_\_

Your signature \_\_\_\_\_ Date: \_\_\_\_\_

Notary Signature \_\_\_\_\_ Notary Seal

Date Commission expires \_\_\_\_\_



**Secretary of State**  
Professional Licensing Boards  
Conditioned Air Contractors' Division  
237 Coliseum Drive  
Macon, Georgia 31217-3858  
478-207-2440  
[www.sos.ga.gov/plb/construct](http://www.sos.ga.gov/plb/construct)

Dear Sir or Madam:

The applicant (individual) named on this form is applying for a Conditioned Air Contractor license in the state of Georgia and is required to furnish evidence of his or her ability, experience and professional skills in the field by submitting references from three professional licensees attesting to his or her qualifications. The references may only be from a Registered Architect, Professional Engineer, City or County Inspector or Licensed Conditioned Air Contractor. At least one reference must be from a licensed conditioned air contractor. These references must have worked directly with the individual on conditioned air projects where the applicant was responsible for the installation, design and the supervision of entire projects.

The Division wishes to point out that the statements must be from personal knowledge, made with the full realization of the responsibility toward the public, and not made for the mere purpose of aiding the applicant. In view of this responsibility, the Division requests your cooperation by answering truthfully, carefully and completely the questions printed on the back of this letter. It is unlawful to make false statements regarding an applicant's experience. Please be assured that the information you furnish will be treated as confidential and will not be released without specific authorization by the Division.

Fill out all information on the reverse side of this form and have it notarized. The Georgia Board prefers that you mail this original notarized form back to the applicant in the applicant's enclosed pre-addressed stamped envelope. Seal the envelope and sign the back flap to ensure against tampering. If you prefer to mail the form directly to the Board office at 237 Coliseum Drive, Macon, Ga. 31217, please make a blank copy of this form and mail it back to the applicant, then mail the completed form to the board.

Sincerely,

STATE CONSTRUCTION INDUSTRY  
LICENSING BOARD

*Division of Conditioned Air Contractors*

Georgia Construction Industry Licensing Board  
**Division of Conditioned Air Contractors**  
**Applicant Reference Form**

Information Concerning: \_\_\_\_\_  
(Applicant's/individual's Name)

What is your profession? HVAC/Mech Contractor \_\_\_\_\_ Architect \_\_\_\_\_ Engineer \_\_\_\_\_ Inspector \_\_\_\_\_

(If you do not hold a license from one of these categories, do not continue!)

Your professional license # \_\_\_\_\_ Profession \_\_\_\_\_ Issuing Authority \_\_\_\_\_

Describe your connection with the applicant that gives you personal knowledge of his or her experience and knowledge of conditioned air contracting: \_\_\_\_\_  
\_\_\_\_\_

Based on personal knowledge described above, does the applicant possess sufficient knowledge to:

Calculate heat loss and gain for: Residential? Yes \_\_\_ No \_\_\_ Commercial? Yes \_\_\_ No \_\_\_ No direct knowledge \_\_\_

Design duct systems for: Residential? Yes \_\_\_ No \_\_\_ Commercial? Yes \_\_\_ No \_\_\_ No direct knowledge \_\_\_

Install complete CA systems for: Residential? Yes \_\_\_ No \_\_\_ Commercial? Yes \_\_\_ No \_\_\_ No direct knowledge \_\_\_

Supervise installation of complete CA systems for:

Residential? Yes \_\_\_ No \_\_\_ Commercial? Yes \_\_\_ No \_\_\_ No direct knowledge \_\_\_

Service CA systems for: Residential? Yes \_\_\_ No \_\_\_ Commercial? Yes \_\_\_ No \_\_\_ No direct knowledge \_\_\_

Make electrical connections to CA equipment?

Residential? Yes \_\_\_ No \_\_\_ Commercial? Yes \_\_\_ No \_\_\_ No direct knowledge \_\_\_

From personal knowledge, list three jobs for which the applicant was totally responsible from the plan development to system start up. Please list the job address, the type and size of conditioned air system for each:

1) \_\_\_\_\_  
\_\_\_\_\_

2) \_\_\_\_\_  
\_\_\_\_\_

3) \_\_\_\_\_  
\_\_\_\_\_

Do you know anything that would reflect adversely on the applicant's integrity or character? No \_\_\_ Yes \_\_\_

If yes, explain: \_\_\_\_\_  
\_\_\_\_\_

*I have read and understand the instruction letter accompanying this form. The above information is provided to assist the board in safeguarding the public against faulty conditioned air work. I swear the above statements to be true to the best of my knowledge under penalty of law.*

Your name: \_\_\_\_\_ Your firm: \_\_\_\_\_

(Please print)

Daytime phone # \_\_\_\_\_ Other telephone number: \_\_\_\_\_

Your signature \_\_\_\_\_ Date: \_\_\_\_\_

Notary Signature \_\_\_\_\_ Notary Seal

Date Commission expires \_\_\_\_\_



**Secretary of State**  
Professional Licensing Boards  
Conditioned Air Contractors' Division  
237 Coliseum Drive  
Macon, Georgia 31217-3858  
478-207-2440  
[www.sos.ga.gov/plb/construct](http://www.sos.ga.gov/plb/construct)

Dear Sir or Madam:

The applicant (individual) named on this form is applying for a Conditioned Air Contractor license in the state of Georgia and is required to furnish evidence of his or her ability, experience and professional skills in the field by submitting references from three professional licensees attesting to his or her qualifications. The references may be from a Registered Architect, Professional Engineer, City or County Inspector or Licensed Conditioned Air Contractor. At least one reference must be from a licensed conditioned air contractor. These references must have worked directly with the individual on conditioned air projects where the applicant was responsible for the installation, design and the supervision of entire projects.

The Division wishes to point out that the statements must be from personal knowledge, made with the full realization of the responsibility toward the public, and not made for the mere purpose of aiding the applicant. In view of this responsibility, the Division requests your cooperation by answering truthfully, carefully and completely the questions printed on the back of this letter. It is unlawful to make false statements regarding an applicant's experience. Please be assured that the information you furnish will be treated as confidential and will not be released without specific authorization by the Division.

Fill out all information on the reverse side of this form and have it notarized. The Georgia Board prefers that you mail this original notarized form back to the applicant in the applicant's enclosed pre-addressed stamped envelope. Seal the envelope and sign the back flap to ensure against tampering. If you prefer to mail the form directly to the Board office at 237 Coliseum Drive, Macon, Ga. 31217, please make a blank copy of this form and mail it back to the applicant, then mail the completed form to the board.

Sincerely,

STATE CONSTRUCTION INDUSTRY  
LICENSING BOARD

*Division of Conditioned Air Contractors*

Georgia Construction Industry Licensing Board  
**Division of Conditioned Air Contractors**  
**Applicant Reference Form**

Information Concerning: \_\_\_\_\_  
(Applicant's/individual's Name)

What is your profession? HVAC Contractor \_\_\_\_\_ Architect \_\_\_\_\_ Engineer \_\_\_\_\_ Inspector \_\_\_\_\_

(If you do not hold a license from one of these categories, do not continue!)

Your professional license # \_\_\_\_\_ Profession \_\_\_\_\_ Issuing Authority \_\_\_\_\_

Describe your connection with the applicant that gives you personal knowledge of his or her experience and knowledge of conditioned air contracting: \_\_\_\_\_  
\_\_\_\_\_

Based on personal knowledge described above, does the applicant possess sufficient knowledge to:

Calculate heat loss and gain for: Residential? Yes \_\_\_ No \_\_\_ Commercial? Yes \_\_\_ No \_\_\_ No direct knowledge \_\_\_

Design duct systems for: Residential? Yes \_\_\_ No \_\_\_ Commercial? Yes \_\_\_ No \_\_\_ No direct knowledge \_\_\_

Install complete CA systems for: Residential? Yes \_\_\_ No \_\_\_ Commercial? Yes \_\_\_ No \_\_\_ No direct knowledge \_\_\_

Supervise installation of complete CA systems for:

Residential? Yes \_\_\_ No \_\_\_ Commercial? Yes \_\_\_ No \_\_\_ No direct knowledge \_\_\_

Service CA systems for: Residential? Yes \_\_\_ No \_\_\_ Commercial? Yes \_\_\_ No \_\_\_ No direct knowledge \_\_\_

Make electrical connections to CA equipment?

Residential? Yes \_\_\_ No \_\_\_ Commercial? Yes \_\_\_ No \_\_\_ No direct knowledge \_\_\_

From personal knowledge, list three jobs for which the applicant was totally responsible from the plan development to system start up. Please list the job address, the type and size of conditioned air system for each:

1) \_\_\_\_\_  
\_\_\_\_\_

2) \_\_\_\_\_  
\_\_\_\_\_

3) \_\_\_\_\_  
\_\_\_\_\_

Do you know anything that would reflect adversely on the applicant's integrity or character? No \_\_\_ Yes \_\_\_

If yes, explain: \_\_\_\_\_  
\_\_\_\_\_

*I have read and understand the instruction letter accompanying this form. The above information is provided to assist the board in safeguarding the public against faulty conditioned air work. I swear the above statements to be true to the best of my knowledge under penalty of law.*

Your name: \_\_\_\_\_ Your firm: \_\_\_\_\_

(Please print)

Daytime phone # \_\_\_\_\_ Other telephone number: \_\_\_\_\_

Your signature \_\_\_\_\_ Date: \_\_\_\_\_

Notary Signature \_\_\_\_\_ Notary Seal

Date Commission expires \_\_\_\_\_